

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET <small>(FOR USE WITH FORM PTO-875)</small>							<small>SERIAL NO.</small> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<small>FILING DATE</small> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>					
							<small>APPLICANT(S)</small> <div style="border: 1px solid black; padding: 2px;">09/913560</div>						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			•		•		•	
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49							99						
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TOTAL							TOTAL						
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